

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
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APPLICANT(S)

10/088044

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
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TOTAL IND.	1	1	1	1	1	1
TOTAL DEP.	1	1	1	1	1	1
TOTAL CLAIMS	1	1	1	1	1	1

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.	1	1	1	1	1	1	1	1
TOTAL DEP.	1	1	1	1	1	1	1	1
TOTAL CLAIMS	1	1	1	1	1	1	1	1

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